

Chairperson
Iowa Board of Medical Examiners
400 SW 8th, Suite C
Des Moines, IA 50309-4686

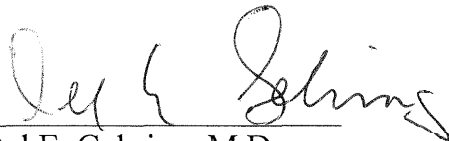
RE: Del E. Gehring, M.D.
File No. 02-03-446
Lic. No. 18882

Dear Chairperson:

You are hereby notified that in accordance with the provisions of section 148.8 of the Code of Iowa (2003), this letter shall constitute my voluntarily surrender of the enclosed Iowa license, number 18882, to practice medicine and surgery.

You are notified that I fully understand that upon the Board's acceptance of this voluntary surrender of my medical license, I may no longer engage in the practice of medicine and surgery as a physician under my Iowa medical license, effective September 26, 2003.

This written statement of my intention to voluntarily surrender my medical license is being signed by me on this 18th day of September, 2003, as my own voluntary act and deed.


Del E. Gehring, M.D.

Subscribed and sworn to before me on September 18, 2003.

Notary Public, State of Iowa
